

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: CHETEK RIVERS EDGE (0009424)

Address: 251 WOODARD STREET, CHETEK, WI 54728

License Status: REGULAR

Licensed/Certified/Registered 03/01/2002

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0094082 **End Date:** 02/04/2005 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0090990 **End Date:** 09/04/2003 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006404 Served 09/11/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(5)(a)5	WRITTEN SUMMARY OF THE FINDINGS	08/10/2003	Yes
83.33(3)(a)1	PRACTITIONER'S WRITTEN ORDER FOR MEDS	08/10/2003	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Complaint History

Date Complaint Received: 07/18/2003

Date Investigation Completed: 09/04/2003

Subject Area(s)

LICENSED CAPACITY /CLASS OF LICENSE
RESIDENT RIGHTS
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

10006404

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